



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243  
<http://tn.gov/health>

**BOARD OF CHIROPRACTIC EXAMINERS**

**CLINICAL INTERNSHIP PERFORMANCE REPORT**

This assessment of entry level minimal competence will be completed and submitted as part of the standard application for Chiropractic Therapy Assistants (CTAs) and Chiropractic X-Ray Technologists (CXTs). If hours were obtained in multiple facilities, please use separate forms for each. In addition to this form, please attach a log sheet of the weekly internship hours completed.

Certificate Holder's Name	_____
Dates of Supervision Period	_____
DC/CTA/CXT Supervisor	_____
License Number	_____
Alternate DC/CTA/CXT Supervisor	_____
License Number	_____
Name of Facility	_____
Phone Number of Facility	_____
Facility Address	_____

**For Supervisor's Use Only:**

Based on the observations for the full term of affiliation of \_\_\_\_\_ hours, I affirm that this certificate holder \_\_\_\_\_ Does \_\_\_\_\_ Does Not meet or exceed the entry level performance in demonstrating clinical competence in Chiropractic Therapy Practice and/or Chiropractic X-Ray Technology Practice within this facility.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date